**Annexure: B**

**Reporting Format- B**

**Structure of the Detailed Reporting Format**

**(To be submitted by evaluators to SACS for each TI evaluated with a copy DAC)**

**Introduction**

* **Background of Project and Organization**

Yash foundation is an NGO registered under the Societies Registration Act.1860 / No. MAHA / 689 / 03 / Thane and Public Trust Act 1950 having registration No. F-12123 / Thane, working with youth especially in Mumbai & Thane district on the issue like Education, leadership, life skill education, theater development, provides counseling, vocational training & career guidance to make the youth responsible & productive citizen of the country. The organization is implementing programme like Community Development Program / Ward intervention program, Youth intervention program, Bridge Population intervention program, Advocacy and networking program, Factory Employees intervention program, Resource centre / Counseling centre, Treatment and rehabilitation and Nutritional support to Positive children’s.

The target intervention project (Migrants) in Sinnar & Gonde (Dist : Nashik) was started in August 2013. Sinner Block, approximately 35 kms from Nashik city, covers 129 villages & a population of approximately 3 lacs. In Sinnar Taluka, Malegaon MIDC has around 40000 single migrants & Musalgaon MIDC has 10000 single migrants, most of it from the states of Uttar Pradesh & Bihar. The migrant population mainly resides in the village of Brahmanwade, Jaburi, Shinde, Malegaon, Musalgaon, Gulvanch, Datali, Khopari, Devanagar, Kundewadi. In addition to these villages, around 20 other villages located in a radius of 5 kms cover migrant population. It includes 3 major hot spots (red light areas) Musalgaon (kundewadi), Malegaon(Bandera / Maparwadi) and Sinnar (Gavathan) with around 300 female sex workers. Street & hotel based sex activities are conducted in these industrial & nearby areas. The migrant population is especially vulnerable to HIV /AIDS, given their lack of knowledge on the subject including STI prevention & treatment. Lack of access to health services adds to the risk. Gonde MIDC area in Igatpuri taluka, approx. 35 kms from Nashik city, has a migrant population of 4000 respectively.

* **Name and address of the Organization :**

Yash Foundation

**Head office :**

Udaynagar Lane No,. 2

Near Akashvani Tower,

Gangapur road,

Nasik. ( Maharashtra) - 422010

**Project Office :**

Omkar Hights

2nd floor, Pathardi

Nasik (Maharashtra) – 422 010

* **Chief Functionary :** Ravindra Patil
* **Year of Establishment :** 2003
* **Year of month of project initiation :** August 2013
* **Evaluation Team :**
  + Mr. Dinesh Prajapati – Team Leader
  + Ms. Purvi Trivedi – Co-Evaluator
  + Mr. Shailesh Patil – Finance Evaluator
* **Time Frame** : 1 April 2014 to 31 March 2016

**Profile of TI**

(Information to be captured)

* Target Population Profile: MIGRANTS
* Type of Project: Bridge Population (Destination migrant)
* Size of Target Group(s) : 9888 covered against target of 12,000
* Target Area : 1. Sinnar & 2. Gonde (Dist : Nashik), Maharashtra

Key findings and recommendation on Various Project Components

1. **Organizational support to the programme -:**

**Interaction with key office bearers, 2-3, of the implementing NGO/CBO to see their vision about the project, support to the community, initiation of advocacy activities, monitoring the project etc**

However Two Governing body members are looking after the project, the **organization capacity for implementation of TI project on migrants are results in POOR.** Secretary of the NGO is looking after finance part of the project and President of the organization is looking for programme part of the project. Project office is set up in Nasik city and it’s at 25 KMs far and away from the Target areas. 2 rooms are utilized for project office and rent agreement is done between Ms Sweta Patil (Flat Owner, Secretary of the NGO and wife of Ravindra Patil) and Ravindra Patil (President of the NGO and husband of flat owner).

Rent agreement of DIC was done on 31/08/2015 (period starting from 01/04/2015), Rent agreement for DIC 2 was done on 23/08/2015 ((period starting from 01/04/2015), and rent agreement of TI office was done on 31/08/2015 (period starting from 01/04/2015). Advocacy activities were done by project staff only without any vision, plan and follow up. Project Director attended only **2 review meetings in last 12 months** i.e**. 16% meetings** attended.

1. **Organizational Capacity:**
2. **Human resource: Staffing pattern, laid down reporting and supervision structure and adherence, role and commitment to the project, perspective of the office bearers towards the community at a large staff turnover.**

1 PM, 1 Counselor, 1 M&EA, 5 ORWs and 13 Peer Educators were appointed by TI NGO. One post of ORW was vacant during the evaluation period. Counselor and M&E officer cum Accountant were not qualified and has done BA (Marathi) and BA Mass Communication.

Post of **ORW 1 was** vacant from Month Sept 14 to Dec 14 **(4 Months)**, Post of **ORW 5** was also vacant from Sept 14 to Dec 14 **(4 Months)**. Post of **ORW 2 and 5** were vacant in June & July 2015 **(2 months)**. Additionally posts were vacant for PE 1 (for **4 months),** PE 2 **(2 months),** PE 5 **(6 months),** PE 6 **(4 months),** PE 7 **(3 months),** PE 8 **(3 months),** PE 10 **(3 months),** PE 11 **(4 months),** PE 12 **(3 months),** PE 13 **(5 months),** PE 15 **(2 months).**

**Project has witnessed 87% staff turnover and 100% PE turn over** during the last one year. **It is observed that 23 Peer Educators left the project** during last one year (Out of 13 appointed). Job description was given to all staff but **not during the time of appointment but was given before evaluation** in March 2016.

It is observed that M&E office cum Accountant is doing donly data entry related works and all Finance and Account related work was done by Secretary of the organization. Accountant and PM were unaware about budget and expenses done at TI level.

1. **Capacity building: nature of training conducted, contents and quality of training materials used, documentation of training, impact assessment if any.**

4 In house trainings were conducted and 3 ORWs, 7 Peers and MEA were given orientation. **2 ORWs and rest 6 Peer Educators were untrained.** As per training register no training was conducted by SACS and only orientation was given to staff for which time of training, detailed report of training, training given to which person were not available at TI.

Proposal not available with TI, PM were not aware about proposal and indicator.

1. **Infrastructure of the organization**

TI has one project office in Nasik and 2 DICs in target areas. DICs have all required infrastructure. In addition to SACS funded assets, TI has provided additional infrastructure like TV, Chair etc to the project through fund raising.

Assets are not codified at DICs, and available assets do not match with assets register.

1. **Documentation and Reporting:**

Master registers was prepared, counselor has maintained all clinical and counseling related register. PM has maintained his field visit reports, line listing of HRGs was computerized but some columns are left blank. ORWs have maintained form D. Peer Educators documentation is very poor and not evidence based. Stock registers for condom and drugs were updated. Evidence based financial and programmatic records for social marketing of condom and drugs were not seen at TI level. Similarly, IPC format, actual worked done by Peer Educators and records available with TI team vary from each others.

TSU PO has provided valuable inputs to TI team but TI team especially PM has not taken it seriously and many times team has ignored recommendations and inputs of TSU PO.

1. **Programme Deliverables**

**Outreach**

1. **Line listing of the HRG by category**

Line listing of 9888 HRGs were done and maintained in soft copy. Some columns were left blank and tracking of HRGs for various services like ICTC, Condom, Camps, STI treatment, Counseling were not captured in line listing.

1. **Registration of migrants from 3 service sources i.e.STI Clinics, DIC and Counseling.**

Total 9888 HRGs were registered, 2088 (21%), migrants through DICs, 4388 (44%), through camps and 3412 (34%) migrants were registered through Counseling service.

TI has only 2 DICs, DIC with project office is not attached. **Project office is in residential areas and around 25 KMs far from target areas**. TI also registered migrants from non paid DICs, which is not DIC but stake holders shop / stall and it is against the NACO guideline. It is claimed to register 2088 (21%) migrants through paid and non paid DICs. DIC foot fall is 3-4 migrants per day as an average.

1. **Registration of truckers from 2 service sources i.e.STI Clinics and Counseling.**

**Not Applicable**

1. **Micro planning in place and the same is reflected in Quality and documentation.**

Out Reach plan is prepared but micro plan is neither in place nor in use. TI team specially PM and ORWs have lacks of clarity on Outreach plan. Planning is prepared only in format but not visible in implementation level.

1. **Coverage of target population (sub-group wise); Target/Regular Contacts only in HRGs.**

In last 6 months, TI has 5527 migrants were registered by TI NGO. Out of which 1585 (29%) were from Maharashtra and 3942 were from Source states (71%). TI has appointed 13 peers, out of which 8 (62%) are from Maharashtra and 5 (38%) are from Source states. During field visit of 3 sites, it is observed that interacted migrants are mostly from Maharashtra and not from source states. During IPC at one manufacturing unit 7 migrants were present but all were non-registered migrants.

Thus, it is seen that TI has focused on Maharashtra based locals / migrants and not on migrants of source states.

1. **Outreach planning-quality, documentation and reflection in implementation.**

Outreach planning is prepared in format and is not visible in field implementation. Individual HRGs were not tracked for service delivered. In master register too, services provided to migrants were not captured. Peer Educators do not have any clarity about planning and documentation,

1. **PF: HRG ratio, PE: migrants/truckers.**

13 Peer educators are appointed to cover 10000 migrants. Evaluation team could meet few Peer educators who were not ready to interact with evaluation team. Only 38% (5) Peers are from the source states.

1. ***Regular contacts (as contacting the community members by the outreach workers/Peers at least twice a month and providing services as such as condoms and other referral Services for FSW and MSM, TG and 20 days in a month and providing Needle and Syringes) - understanding among the project staff, reflection in impact among the Community members.***

Not Applicable for migrant project

1. **Documentation of the peer education.**

Peer Educators have only IEC BCC material. PEs are performing IPC without using any chart paper, pen or material and IPCs which were observed are just like group meeting. Interacted PEs have not performed IPC in last 2 months. Specially during April month none PEs have performed IPC.

1. **Quality of peer education-messages, skills and reflection in the community.**

Out of 6 PEs interacted (against 13 appointed), only 1 was able to do IPC, other are not able to do IPC. All interacted PEs were from destination state and not from source state not migrants. Peer have poor knowledge about basics of HIV, Social marketing, STI etc.

1. **Supervision-mechanism, process, follow-up in action taken etc.**

However, PM has conducted monthly review meetings, Project Director attended only **2 meetings in last 12 months** i.e**. 16% meetings** attended. No review meeting with Peer Educators were done.

M&E officer has not visiting field for data verification and despite instruction of PO TSU, she has neither visit field areas nor prepared field visit reports. PM has done monthly 5 – 7 days filed visit only. PMs Field visit report does not suggest any feedback / supportive supervision to ORWs / Peer Educators. Overall, supervision and monitoring system is too weak at all level from ORW to PE, PM to ORW and PD to PM also.

1. **Services**
2. **Availability of STI services-mode of delivery, adequacy to the needs of the community.**

Monthly 35 hours of clinical services by health camps provided, monthly average 8-9 camps were conducted which is quite lower to cover 52 sites.

1. **Quality of the services-infrastructure (clinic, equipment etc), location of the clinic, availability of STI drugs and maintenance of privacy etc.**

Health camps were conducted for monthly 8-9 days, which is seen quite lower to reach 52 congregation points. Four types of major drugs were stock out i.e. Doxycyclin (Aug 15 to till date), Acyclovir (Nov 14 to till date), Secnidazole (April 15 to till date), Azithromicine (Jan 15 to March 15) was stock out.

1. **In case of migrants and truckers the STI drugs are to be purchased by the target population, whether there is a system of procurement and availability of quality drugs with the use of revolving funds.**

Drugs were purchased without using rolling funds, drugs were not purchased by migrants and amount generated from selling of drugs was not reflected in any financial / non financial documents and records.

1. **Quality of treatment in the service provision-adherence to syndromic treatment protocol, follow up mechanism and adherence, referrals to VCTC, ART, DOTS centre and community care centers.**

ICTC is done at Dodi, Sinner and Gonda centers. Most of the ICTC done through using camp approach and using ICTC of ELM project implemented in coloration with Mahindra and Mahindra foundation.

5 (62%) PLHIV out of total identified (8) were linked to ART. Follow up only 2 PLHIV were done in last three months. No sound linkage with DOT seen and linkages and coordination with DOT and DAPCU is found poor and weak.

1. **Documentation- Availability of treatment registers, referral slips, follow up cards (as applicable- mentioned in the proposal), stock register for medicines, documents reflecting presence of system for procurement of medicines as endorsed by NACO/SACS and the supporting officials documents in this regard.**

Treatment registers, referral slips, stock registers were available. It is noted that project proposal was not available at Office and PM was not aware about project proposal. As stated by PD, proposal is at head office of the NGO. Four types of major drugs were stock out. No any certificate for GMP was shown by NGO, NO Proceeding book was available. Mismatch of in actual drug stock and stock register observed.

1. **Availability of condoms- Type of distribution channel, accessibility, adequacy etc.**

Condom were purchased without inviting quotations, Bills of condom purchased not available at TI during 2 days evaluation process. Amount received from condom selling was not generated from rolling funds and was not found in cash / bank books. **Condoms were not distributed from April 14 to Aug 15.(17 months).** Condoms were distributed through outlets, Peer Educators and ORWs.

1. **No. of condoms distributed through outreach/DIC.**

22300 condoms were sold through DIC/ outreach and outlets.

1. **No. of Needles/Syringes Distributed through outreach/DIC.**

Not applicable for migrant TI

1. **Information on linkages for ICTC, DOT, ART, STI clinics.**

* HIV testing was done through 3 governments ICTC and one ELM ICTC.
* No DOT referral was done and linkages with DOT is needs to strengthen.
* Linkages with ART centre is developed but need coordination for follow up and tracking of PLHIV.
* PPP Doctor is identified for health camps and STI treatment.

1. **Referrals and follows up.**

* 8 PLHIV were identified and only 2 were contacted in last 3 months. i.e. **25%.**
* Out of 224 STI treated 113 (50%) were followed up.
* No tracking and follow up was done for migrants who are referred but not visited ICTC for HIV testing.

1. **Community participation:**
2. **Collectivization activities: No. of SHGs/Community groups/CBO’s formed since inception, perspectives of these groups towards the project activities.**

None

1. **Community participation in project activities-level and extent of participation, reflection of the same in the activities and documents.**

Few Committees are developed but are in inception mode. Participation of migrants and stake holders is minimum at TI level.

1. **Linkages**
2. **Assess the linkages established with the various services providers like STI, ICTC, TB, clinics etc…**

Linkages with ICTC is satisfactory, but linkage with DOT, government STI clinic and DAPCU needs to strengthen. Linkages with PPP Doctor are also up to the mark.

1. **Percentages of HRGs tested in ICTC and gap between referred and tested.**

Mostly camp approach is used and testing at field was done. TI has not developed tracking system, so it is not possible to track migrants who were referred and who actual visited ICTC.

1. **Support system developed with various stakeholders and involvement of various stakeholders in the project.**

Rapport with stake holders are good and support of stake holders for health camps, condom distribution and IPC has been witnessed. However, stake holders support for the project activities, there role in programme planning is minimal.

1. **Financial system and procedures**
2. **Financial system and procedures**
3. System of planning: Existence and adherence to NGO-CBO guidelines/any approved systems endorse by SACS/NACO-supporting officials communication.

Budget guideline is available issued by MSACS Mumbai . Expenditure Payment are made as per budget sheet .

1. **Systems of payments - Existence and adherence of payments endorsed by SACS/NACO, availability and practice of using printed and serialized vouchers, stock and issues registers, practice of setting of advances before making further payments.**

* Printed voucher is available but written by manually.
* Stock book available for condom or stationary.
* No pass for payment stamps on bills or PD sign and stamp on vouchers found.
* Supportive document were not attach properly.
* Authority approval note sheet or document is not shown
* Bills are not certified by Accountant, PM and PD.
* Advances or Loan is taken in cash and repayment is done in cash.
* Many Bulk amount withdrawn form bank towards repayment of loan or office expenses ( Rs 70000, 50000 ,30000, 25000, 10000) .
* Many transaction is in cash. Cash transaction should to be control ( TA bills , and other exp)

1. **Systems of procurement – Existence and adherence of systems and mechanism of procurement as endorsed by SACS/NACO, adherence of WHO-GMP practices for procurement of medicines, systems of quality checking.**
   * + Quotation process is not properly maintain..(Comparative statement in not signing by
     + authority, No purchase order , seal pockets or envelope)
     + Drug stock is not matching with physically counting
2. **System of documentation- Availability of bank accounts (maintained jointly, reconciliation made monthly basis), audit reports.**

* Bank accounts separately available maintained by jointly signatories
* Bank reconciliation is maintain.
* F.Y. 2014-2015 Audit compliance report is submitted by NGO to the MSACS.
* Condom Registers in not maintain properly ( like as received from company name, bills no.,
* Cash or bank book was not sign by authority.
* Ledger Prints out is not available.
* Stationary stock book is not available.
* Cheque issue register is not available.
* Rent contract was signed in after 6 months of initiation of the financial year.

1. **Competency of the project staff.**

**VII a. Project Manager**

Mr. Yogesh Tarade the Project Manager is MSW. He joined the project on 1st October 2013. He was promoted as PM from Counselor but observed to be less competent to lead the whole team. He has failed to lead TI team and seen not able to manage TI implementation and project activities. He got the Induction training from MSACS but still needs more maturity to be a leader. Proposal not available with TI, PM were not aware about proposal and indicator.

**VIII b. ANM/Counselor**

Mr. Rajendra Aher was a counselor who had served during 1st November 2014 to 30th June 2015. Mr. Samadhan Pagare is the counselor at present who joined this post from 1st May 2015. He has done B.A. and Mass Communication. He is trained by MSACS. He is very well experienced and matures than just his degree. He is only a person who found active and aware with all project activities.

**VIII c. ANM/Counselor in IDU TI.**

NA

**VIII d. ORW**

The project has 4 ORWs at present (Out of 5 sanctioned). Three of them joined in August 2015(7 month ago) and one joined in November ( 4 months ago). Except Mr. Nilesh Pagare, rest of the three ORWS has no back ground of social work or TI. They are not clear about the basic concept of migrant TI. They were not trained. It was mentioned in the register that they got in house training but not by well trained and experienced trainer in TI. This was observed during the evaluations also. ORWs needs more clarity on the issues of outreach activities, target group, STI, importance of ICTC testing. ORWs had limited knowledge about various indicators of the PEs as most of them were new. It is suggested to train outreach team on basics of HIV/AIDS and STIs, advocacy, condom gap analysis, IPC tools, linkages with TB and documentation. They need to maintain habit of proper documentation in proper registers.

**VIII e. Peer educators**

Not applicable for migrant TI

**VIII f. Peer educators in IDU TI**

Not applicable for migrant TI

**VIII g. Peer educators in Migrant Projects.**

Majority of the Peer Educator are not from source state but from destination state (local Maharashtra). Peer Educators are not able to priorities the networks/locations where migrants work/reside/access high risk activities. Out of interacted peers only 1 was able to do good IPC and condom demonstration. Their knowledge about STI symptoms, IPC, TB and ART was very shallow. Some of them were feeling shy to speak words like AIDS and STI.

In Two days evaluation process TI team failed to arrange meeting with peer educators at DIC/ project office despite reminders. Only 6 out of 13 peers were interacted one by one in field areas.

**VIII h. peer educator in Truckers Project**

Not applicable for migrant TI

**VIII j. M&E Officer cum Account Assistant**

M&E office is BA (Marathi) passed and not qualified for the post of M&E officer cum Account Assistant. As reported by her and PD of the organization, Account and financial records were not maintained by the M&EA but Secretary of the organization.

**Ix a. Outreach activity in core TI project**

Not applicable for migrant TI

**IX b. Outreach activity in Truckers and Migrant Project**

Average 13 (65%) sessions were conducted by Peers against target of 20 and 7 (70%) sessions were conducted against target of 10 by ORWs. 2072 IPC sessions were conducted by Peer Educators in a year and 448 IPC session were conducted by ORWs. Total 2404 IPCs were done by PE and ORWs against target of 4200 IPCs(57%).

1. **Services**

Overall services in the project, quality of services and service delivery, satisfactory level of HRG’s. Overall services in the project is average, and quality is very poor in service delivery.

1. **Community involvement**

Community involvement is minimal. The Peers are also not representing the community of migrants. Community is not involved in planning, implementation, monitoring or advocacy of the TI project. This project staff needs to reach more migrant workers as it was observed very little is done so far. They have long way to go.

1. **Commodities**

100 condom outlets were established, and most of were nontraditional outlets. Condoms were not available from April 14 to Aug 2015 (17 months). Condom were purchased without inviting quotations, Bills of condom purchased not available at TI during 2 days evaluation process. Amount received from condom selling was not generated from rolling funds and was not found in cash / bank books. Condoms were not distributed from April 14 to Aug 15.(17 months). Four types of major drugs were stock out i.e. Doxycyclin (Aug 15 to till date), Acyclovir (Nov 14 to till date), Secnidazole (April 15 to till date), Azithromicine (Jan 15 to March 15) was stock out

Evidence based Documentation of amount received from the selling of condoms and drugs was not observed at TI level.

**XIII. Enabling environment**

The present TI project has formed a formal Project Management Committee andquarterly meeting was captured records, Lacks of clarity on role of PMC is observed among TI team members. No contribution from members of PMC in term of support to TI services is observed. Good n numbers of advocacy meetings were done but follow up action after advocacy meetings was yet to be initiated.

**XIV. Social protection schemes/innovation at project level HRG availed welfare schemes, social entitlement etc.**

Yet to be started

**XV. Best Practices if any.**

None.

**Annexure C**

**Confidential Reporting form C**

**EXECUTIVE SUMMARY OF THE EVALUATION**

**(Submitted to SACS for each TI evaluated with a copy to DAC)**

**Profile of the evaluator(s):**

|  |  |
| --- | --- |
| **Name of the evaluators** | **Contact Details with phone no.** |
| **Mr. Dinesh Prajapati** | M : +91 9408333476  **Email:** [dinesh\_bsw@yahoo.com](mailto:dinesh_bsw@yahoo.com) |
| **Ms. Purvi Trivedi** | M - +91 9420694488 |
| **Shailesh Patil** | M - +91 7028381187 |
| **Officials from SACS/TSU (as facilitator)** | Narendra Patil  DIS NASHIK  8888810393 |

|  |  |
| --- | --- |
| **Name of the NGO:** | Yash Foundation, Nasik |
| **Typology of the target population:** | Migrant TI |
| **Total population being covered against target:** | 9888 / 10000 |
| **Dates of Visit:** | 15 & 16 April 2016 |
| **Place of Visit:** | Nasik TI office, Sinnar field area & DIC, Gonde field area, Dodi ICTC. |

Overall Rating based programme delivery score:

|  |  |  |  |
| --- | --- | --- | --- |
| **Total Score Obtained (in %)** | **Category** | **Rating** | **Recommendations** |
| **53%** | **C** | **Average** | **Recommended for discontinuation as organization failed in Organization Capacity & Finance and found average in Programme.** |

**Specific Recommendations:**

|  |
| --- |
| * TI has scored 53% (Average Grade) in Programme Delivery and **has failed in Organization capacity and Finance.** * TI has achieved only 40% in organization capacity (needs to score minimum 80% to qualify) and has achieved 46% in finance (needs to score minimum 70% to qualify).   Evaluation team has observed that :   * TI has not filled up vacant post of staff and PEs throughout year (Two to Five months in many cases). * TI has witnessed 87% staff turnover. * TI has witnessed 100% PE turnover (23 persons left project in one year). * 13 Peer educators are appointed but Evaluation team could met few Peer educators who were not ready to interact with evaluation team. * Project Director attended only 2 meetings in last 12 months i.e. 16% meetings attended. * Only 38% (5) Peers are from the source states which shows organization’s limited involvement for monitoring project activities. * Assets at DIC Chairs, Tables, 3 seat chairs were not codified and physical assets did not match with assets register. * Follow up of PLHIV were neglected, 8 PLHIV were identified and only 2 (25%) were contacted in last 3 months. * TI has only 2 DICs; DIC with project office is not attached. Project office is in residential areas and around 25 KMs far from target areas. TI also registered migrants from non paid DICs, which is not DIC but stake holders shop / stall and it is against the NACO guideline. DIC foot fall is 3-4 migrants per day as an average. * 7 Peers interacted during the field visit, only 1 were able to conduct IPC sessions without using chart, pen, paper, IEC material. In April and March months no Peer has conducted IPC sessions. * Average 13 (65%) sessions were conducted by Peers against target of 20 and 7 (70%) sessions were conducted against target of 10 by ORWs. * Condom were purchased without inviting quotations, Bills of condom purchased not available at TI during 2 days evaluation process. Amount received from condom selling was not generated from rolling funds and was not found in cash / bank books. Condoms were not distributed from April 14 to Aug 15.(17 months) * Four types of major drugs were stock out i.e. Doxycyclin (Aug 15 to till date), Acyclovir (Nov 14 to till date), Secnidazole (April 15 to till date), Azithromicine (Jan 15 to March 15) was stock out * Very Poor coordination and linkages found with RNTCP. Referral and tracking of referred migrants are yet to be initiated at TI level. * it is seen that TI has focused on Maharashtra based locals / migrants and not on migrants of source states. * Counselor and M&E officer cum Accountant were not qualified and has done BA (Marathi) and BA Mass Communication. * Post of **ORW 1 was** vacant from Month Sept 14 to Dec 14 **(4 Months)**, Post of **ORW 5** was also vacant from Sept 14 to Dec 14 **(4 Months)**. Post of **ORW 2 and 5** were vacant in June & July 2015 **(2 months)**. Additionally posts were vacant for PE 1 (for 4 months), PE 2 (2 months), PE 5 (6 months, PE 6 (4 months), PE 7 (3 months), PE 8 (3 months), PE 10 (3 months), PE 11 (4 months), PE 12 (3 months), PE 13 (5 months), PE 15 2 months) . * It is observed that M&E office cum Accountant is doing donly data entry related works and all Finance and Account related work was done by Secretary of the organization. Accountant and PM were unaware about budget and expenses done at TI level. * 38% (5) Peers are from the source state and more than 3 months old * Only 15 migrants were interacted during field visit of 3 areas. Most of interacted migrants were non register migrants were not aware about confidentiality and privacy being maintained at project level. * Condom, and Medicine were purchased without following proper quotation process. comparative statement not signed by authorative persons. * Bills of condoms were not available at TI level during the time of 2 days evaluation visit. * Many times cash balance was more than 5000/- * Budget for PD Honorarium is is 3333/- But paid 4000 at time as per SOE & UC seen. Supportive for TA Voucher was not available in all months. * Many transactions of amount above than Rs 5000/- are observed. Some cash transactions are like Rs 70000/-, 500000/-, 30000/- withdroval from bank. * Proper bills are not attached with many bills. Bills of condoms were not available. Supportive for street plays, DIC rents, office rent, travelling, Peer honorarium. * Rent agreement of DIC was done on 31/08/2015 (period starting from 01/04/2015), Rent agreement for DIC 2 was done on 23/08/2015 ((period starting from 01/04/2015), and rent agreement of TI office was done on 31/08/2015 (period starting from 01/04/2015). rent agreement is done between Ms Sweta Patil (Flat Owner, Secretary of the NGO and wife of Ravindra Patil) and Ravindra Patil (President of the NGO and husband of flat owner).   **Considering above program and finance points and as organization failed in Organization capacity& Finance and scored Average in Programme Delivery it is recommended to discontinue project of Yash foundation.** |

**Name of the Evaluators Signature**

|  |  |
| --- | --- |
| Mr. Dinesh Prajapati |  |
| Ms. Purvi Trivedi |  |
| Mr. Shailesh Patil |  |